PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									/ ()	Application or Docket Number 10/517130			
CLAIMS AS FILED - PART						(Column 2)		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
U.S. NATIONAL STAGE FEES						· ·	1	RATE	FEE	<u>ר</u>			
BASIC FEE			SMALL EN	SMALL ENT. = \$ 150		RGE ENT. = \$ 300		BASIC FEE	+	OR	RATE	FEE	
EXAMINATION FEE				Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100		other situations = \$ 100 / \$ 200		EXAM. FEE	 	- OR		300	
SEARCH FEE			All other situat Search	All other situations (ie. No Search Rpt.) = \$ 250 / \$ 500		S. Is ISA = \$50 / \$100 ALL other countries = \$200 / \$400		SEARCH FEE		-	EXAM. FEE SEARCH FEE	400	
FEE FOR EXTRA SPEC. PGS.				minus 100 =		/ 50 =		X \$ 125 =	 	\dashv		ļ <u>.</u>	
TOTAL CHARGEABLE CLAIMS			26 mi	inus 20 =	*	6	X \$ 25 =	 -	-	X \$ 250 =	24.1		
INDEPENDENT CLAIMS			$+2^{-}$	ninus 3 =	*	<u>v</u>		X \$ 100 =	 	OR	X \$ 50 =	300	
MULTIPLE DEPENDENT CLAIM PRE			RESENT					+ \$ 180 =		OR	X \$ 200 =	 	
* If	the difference	e in column 1 is	ess than zero, enter "0" in			olumn 2	Ì	TOTAL		OR	+ \$ 360 =	36 C	
								IOIAL	L	OR	TOTAL	1560	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL E	NTITY	OTHER THAN 'Y OR SMALL ENTITY			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total	*	Minus	**		=	İ	X \$ 25 =		OR	X \$ 50 =	FEE	
	Independent	*	Minus	***		=	İ	X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						f	+ \$ 180 =		OR		•	
							Ļ	TOTAL ADDIT.	·	OR	+ \$ 360 = TOTAL ADDIT.		
		(Column 1)		<i>(</i> .				rrr [1	FFF	···	
	CLAIMS HIGHEST												
		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**	·	=	Γ	X \$ 25 =		OR	X \$ 50 =		
			Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESE	ENTATION OF MI	ULTIPLE DEPE	NDENT CL	AIM			+ \$ 180 =		OR	+ \$ 360 =	······································	
							<u> </u>	OTAL ADDIT:		L	OTAL ADDIT.		
								``			FFF L		
*** if	the "Highest Nun	nn 1 is less than the nber Previously Paid nber Previously Paid ber Previously Paid I	For" IN THIS SPA	ACE is less th	an '20'		the a	appropriate box ii	n column 1.				

FORM PTO-875 (Rev. 02/2005)

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